

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(e))			Docket No. Q170-US1	
In Re Application Of: Ilias Belharouak et al.				
Serial No. 10/612,439	Filing Date July 1, 2003	Examiner N/A	Group Art Unit 1745	
Title: IMPROVED POSITIVE ELECTRODE MATERIAL FOR LITHIUM ION BATTERIES				
<p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>37 CFR 1.97(b)</p> <p>1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.</p> <p>37 CFR 1.97(c)</p> <p>2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:</p> <p><input type="checkbox"/> the statement specified in 37 CFR 1.97(e);</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> the fee set forth in 37 CFR 1.17(p).</p>				

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Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))				
<input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-0921 as described below. <div style="margin-left: 40px;"> <input type="checkbox"/> Charge the amount of _____ <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required. </div>				
Certificate of Transmission by Facsimile*		Certificate of Mailing by First Class Mail		
I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (F: _____) <div style="border: 1px solid black; height: 20px; margin: 5px 0;"></div> <div style="text-align: center;">(Date)</div> <div style="border: 1px solid black; height: 30px; margin: 5px 0;"></div> <div style="text-align: center;">Signature</div> <div style="border: 1px solid black; height: 20px; margin: 5px 0;"></div> <div style="text-align: center;">Typed or Printed Name of Person Signing Certificate</div>		I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. <div style="border: 1px solid black; height: 30px; margin: 5px 0;"></div> <div style="text-align: center;">Signature of Person Mailing Correspondence</div> <div style="border: 1px solid black; height: 20px; margin: 5px 0;"></div> <div style="text-align: center;">Typed or Printed Name of Person Mailing Certificate</div>		
<p>*This certificate may only be used if paying by deposit account.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <div style="border-top: 1px solid black; width: 100%;"></div> <div style="text-align: center;">Signature</div> </div> <div style="width: 50%;"> Dated: 10-2-03 </div> </div>				
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CC:				

